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Revision: HCFA-PM-94-5 (MB)  
APRIL 1994

State/Territory: Indiana

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

42 CFR  
Part 440,  
Subpart B  
1902(a), 1902(e),  
1905(a), 1905(p),  
1915, 1920, and  
1925 of the Act

3.1 Amount, Duration, and Scope of Services

- (a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and  
1905(a) of the Act

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

— Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 94-021  
Supersedes 91-17 Approval Date 10/17/94 Effective Date 8/28/94  
TN No. 91-17

19a

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: Indiana

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

1902(e)(5) of  
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

XX (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),  
clause (VII)  
of the matter  
following (E)  
of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

TN No. 91-17

Supersedes

TN No. 90-15

Approval Date 3-13-92

Effective Date 1-1-92

HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB)  
October 1992

State/Territory: Indiana

<u>Citation</u>	<u>3.1(a)(1)</u>	<u>Amount, Duration, and Scope of Services:</u> <u>Categorically Needy (Continued)</u>
	(vi)	Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
1902(e)(7) of the Act	(vii)	Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
1902(e)(9) of the Act	<u>X</u> (viii)	Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1902(a)(52) and 1925 of the Act	(ix)	Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.
1905(a)(23) and 1929	<u>    </u> (x)	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. <u>92-023</u>	Approval Date <u>1/13/93</u>	Effective Date <u>10-1-92</u>
Supersedes		
TN No. <u>91-17</u>		

19c

State of: Indiana

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(26) and 1934

X Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. 12-006  
Supersedes  
TN No. New

Approval Date: 2/8/13 Effective Date: October 1, 2012

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: Indiana

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.  
Subpart B

☒ This State plan covers the medically needy.  
The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)  
of the Act

- (i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

☒ Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of  
the Act

- (ii) Prenatal care and delivery services for pregnant women.

TN No. 91-17

Supersedes

Approval Date

3-13-92

Effective Date

1-1-92

TN No. 87-4

HCFA ID: 7982E

20a

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: Indiana

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:  
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

☒ (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

☐ Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140,  
440.150,  
Subpart B,  
442.441,  
Subpart C  
1902(a)(20)  
and (21) of the Act

☒ (vii) Services in an institution for mental diseases for individuals over age 65..

☒ (viii) Services in an intermediate care facility for the mentally retarded.

TN No. 91-17

Supersedes

Approval Date

3-13-92

Effective Date

1-1-92

TN No. 87-4

HCFA ID: 7982E

Revision: HCFA-PM-93- 5 (MB)  
MAY 1993

State: INDIANA

Citation

3.1(a)(2) Amount, Duration, and Scope of Services:  
Medically Needy (Continued)

1902(e)(9) of  
Act

- (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23)  
and 1929 of the Act

- (xi) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 93-017  
Supersedes Approval Date 7/4/93 Effective Date 4-1-93  
TN No. ~~93-007~~ 92-023

20c

State of: Indiana

**Program of All-Inclusive Care for the Elderly State Plan Amendment**

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)  
1905(a)(26) and 1934

Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. 12-006  
Supersedes  
TN No. New

Approval Date: 2/8/13 Effective Date: October 1, 2012



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 3.1-A  
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OMB No.: 0938-

State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.  
Provided: ☐ No limitations ☒ With limitations\*
- 2.a. Outpatient hospital services.  
Provided: ☐ No limitations ☒ With limitations\*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.  
☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).  
☒ Provided: ☐ No limitations ☒ With limitations\*
- d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.  
☐ Provided: ☐ No limitations ☐ With limitations\*
3. Other laboratory and x-ray services.  
Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 91-19

Supersedes

TN No. 90-13

Approval Date

3-9-92

Effective Date

1-1-92

HCFA ID: 7986E

REVISION

ATTACHMENT 3.1-A  
Page 2

State of Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES

FURNISHED TO THE CATEGORICALLY NEEDY

4.a Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☐ No limitations ☒ With limitations\*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

4.c Family planning services and supplies for individuals of child-bearing age.

Provided: ☐ No limitations ☒ With limitations\*

4.c (i) Family planning services and supplies for individuals who are not pregnant and for individuals eligible pursuant to Attachment 2.2-A Page 23f.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 11-025  
Supersedes  
TN No. 93-019

Approval Date MAR 26 2012 Effective Date 10-1-12

State of Indiana

Attachment 3.1A  
Page 2a

4.d. 1) Face-to-Face Tobacco Dependence Counseling Services provided (by):

- ☒ (i) By or under supervision of a physician;
- ☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco dependence services; \* or
- (iii) Any other health care professional legally authorized to provide tobacco dependence services under State law and who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

\* Limitations to provider type and coverage listed in the Addendum to Attachment 3.1A.

2) Face-to-Face Tobacco Dependence Counseling Services Benefit Package for Pregnant Women

Provided: ☐ No limitations ☒ With limitations\*

\* Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations: Listed in the Addendum to Attachment 3.1A.

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided With limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☒ With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: ☐ No limitations ☒ With limitations\*

\* Description provided on attachment.

TN No.: 17-003  
Supersedes  
TN No.: 11-026

Approval Date: 4/14/17

Effective Date: January 1, 2017

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AUGUST 1991

ATTACHMENT 3.1-A  
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OMB No.: 0938-

State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of  
limitations, if any.  
☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health  
agency or by a registered nurse when no home health agency exists in the  
area.

Provided: ☐ No limitations ☒ With limitations\*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the  
home.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 91-19

Supersedes

TN No. 85-12

Approval Date

3-9-92

Effective Date

1-1-92

HCFA ID: 7986E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

\*Description provided on attachment.

TN No. 91-19

Supersedes

TN No. 85-12

Approval Date 3-9-92

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HCFA ID: 7986E

Revision: HCFA-PM-85-3 (BERG)  
MAY 1985

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AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders  
(provided by or under the supervision of a speech pathologist or  
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

d. Respiratory therapy.

☒ Provided with limitations.

\*Description provided on attachment

TN No. 91-19  
Supersedes  
TN No. 85-12

Approval Date 3-9-92

Effective Date 1-1-92

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MAY 1985

ATTACHMENT 3.1-A  
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AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

\*Description provided on attachmentS.

TR No. ~~95-016~~ 03-017

Supersedes

TR No. ~~91-19~~ 95-016

Approval Date

9/10/03  
~~9/12/95~~

Effective Date

6/1/03  
~~8/1/95~~

HCFA ID: 0069P/0002P

REVISION: HCFA-TH-85-3  
MAY 1985

# 326

ATTACHMENT 31-A  
Page 6

OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

c. Intermediate care facility services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

\*Description provided on attachment.

TN No. 92-11

Supersedes

TN No. 91-19

Approval Date 1/4/93

Effective Date 10-1-92

HCFA ID: 0069P/0002P



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SEPTEMBER 1986

ATTACHMENT 3.1-A  
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State/Territory \_\_\_\_\_

**AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY**

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- ☒ Provided ☐ No limitations
- ☒ With limitations\* ☐ Not Provided:
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- ☒ Provided ☐ No limitations
- ☒ With limitations\* ☐ Not Provided:
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- ☒ Provided ☐ No limitations
- ☒ With limitations\* ☐ Not Provided:
17. Nurse-midwife services
- ☒ Provided ☐ No limitations
- ☒ With limitations\* ☐ Not Provided:
18. Hospice care (in accordance with section 1905(o) of the Act).
- ☒ Provided ☐ No limitations
- ☒ Provided in accordance with section 2302 of the Affordable Care Act
- ☒ With limitations\* ☐ Not Provided:

\*Description provided on attachment

TN No. 11-014  
Supersedes  
TN No. 97-009

Approval Date NOV 10 2011 Effective Date March 23, 2010

7/1/11  
AK

Revision: HCFA-PM-94-4  
April 1994

(MB) Attachment 3.1-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services & Tuberculosis related services.

- a. Case management services as defined in, and according to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

       Provided:        With limitations

  X   Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

       Provided:        With limitations \*

  X   Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day falls.

  X   Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

       Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment.

TN No. 11-013  
Supersedes  
TN No. 94-013

Approval Date: FEB 28 2012

Effective Date: July 1, 2011

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AUGUST 1991

ATTACHMENT 3.1-A  
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OMB No.: 0938-

State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not provided.

23. Pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 91-19  
Supersedes Approval Date 3-9-92 Effective Date 1-1-92  
TN No. 90-20

HCFA ID: 7986E

State of Indiana

ATTACHMENT 3.1-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Indiana

SECTION 3 – SERVICES: GENERAL PROVISIONS

**3.1 Amount, Duration, and Scope of Services**

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

**A. Categorically Needy**

**24. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.**

- ☒ Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.
- ☐ Without limitations ☒ With limitations (Describe limitations in a Supplement to 3.1A either a Supplement or in Attachment 3.1D)
- ☐ Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding “school-based” transportation.
- ☐ Without limitations ☐ With limitations (Describe limitations in either a Supplement to 3.1A or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

- ☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).
- ☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

- (1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);

☐ (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

☒ (10)(B) comparability

TN # 18-004

Supersedes TN# 01-015

Approval Date 5/24/18

Effective Date 1/1/18

**State of Indiana**

**ATTACHMENT 3.1-A  
Page 9a**

☒ (23) freedom of choice

(2) Transportation services provided will include:

☒ wheelchair van

☒ taxi

☒ stretcher car

☒ bus passes

☒ tickets

☒ secured transportation

☒ other transportation (if checked describe below other types of transportation provided.) - **Volunteers, gas reimbursement for family members and close associates**

☒ (3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:

(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:

(iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:

(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.) The broker shall not itself be a provider of transportation; however the state may require that the broker own/operate and have available vehicles referred to as "quick response vehicles" in the event the scheduled transportation provider is unavailable for transport or if there are no other qualified providers available to provide the transportation. The state acknowledges that the broker will use quick response vehicles only as a back-up measure to assure that beneficiaries are able to access medical service and not as a standard means of transportation. Usage of quick response vehicles are limited to selected counties. The State of Indiana discusses provider network weekly with SET to monitor the situation and to work on solutioning the gaps in the network. These meetings will continue until all QRVs would be retired.

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

☒ Low-income families with children (section 1931)

☒ Deemed AFDC-related eligibles

☒ Poverty-level related pregnant women

☒ Poverty-level infants

☒ Poverty-level children 1 through 5

☒ Poverty-level children 6 – 18

☒ Qualified pregnant women AFDC – related

☒ Qualified children AFDC – related

TN # 20-009

Supersedes TN# 18-004

Approval Date 11/18/2020

Effective Date 8/1/2020

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- ☐ IV-E foster care and adoption assistance children
- ☐ TMA recipients (due to employment) (section 1925)
- ☒ TMA recipients (due to child support)
- ☒ SSI recipients
- ☒ Individuals eligible under 1902(a)(10)(A)(i)- new eligibility group VIII  
(very-low income adults who are not otherwise eligible under any other  
mandatory eligibility group) – Becomes effective January 1, 2014, but states  
can elect to cover now as an early option.

TN # 20-009

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Effective Date 8/1/2020

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Page 9b

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- ☒ Optional poverty-level - related pregnant women
- ☒ Optional poverty-level - related infants
- ☒ Optional targeted low income children
- ☒ Non IV-E children who are under State adoption assistance agreements
- ☒ Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
- ☒ Individuals who meet income and resource requirements of AFDC or SSI
- ☒ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☒ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- ☒ Children aged 15-20 who meet AFDC income and resource requirements
- ☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- ☒ Individuals infected with TB
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits
- ☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
- ☒ Individuals terminally ill if in a medical institution and will receive hospice care
- ☒ Individuals aged or disabled with income not above 100% FPL
- ☒ Individuals receiving only an optional State supplement in a 209(b) State
- ☒ Individuals working disabled who buy into Medicaid (BBA working disabled group)
- ☒ Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

Any beneficiary enrolled in fee-for-service who is also eligible for transportation coverage will have his or her non-emergency transportation arranged through a broker.

(6) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

**The broker receives a fixed monthly risk-based capitated payment for all FFS members. This all-inclusive rate will cover all costs associated with the contract. The capitated rate may be adjusted on an annual basis.**

(B) Please describe how the transportation provider will be paid:

**The broker maintains a network of providers and is responsible for direct payments to providers.**

(C) What is the source of the non-Federal share of the transportation payments?

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Effective Date 8/1/2020

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Page 9c**

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

**State General Assembly funding**

- ☒ (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
- ☒ (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
- ☐ (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.
- ☒ (7) The broker is a non-governmental entity:
  - ☐ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
  - ☒ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
    - ☐ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - ☐ Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-government broker
    - ☒ The availability of other non-governmental Medicaid participating providers or other Providers determined by the State to be qualified is insufficient to meet the need for transportation. QRVs will operate in the following counties: Allen, Bartholomew, Blackford, Boone, Clark, Clay, Dearborn, Decatur, Delaware, Elkhart, Fayette, Floyd, Franklin, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, LaGrange, Lake, Lawrence, Madison, Marion, Marshall, Monroe, Morgan, Noble, Ohio, Orange, Owen, Porter, Posey, Putnam, Ripley, Rush, Scott, Shelby, St. Joseph, Starke, Vanderburgh, Vermillion, Vigo, Wabash, Warrick, Washington, Wayne, Wells



**State of Indiana**

**ATTACHMENT 3.1-A**  
**Page 9c-1**

- ☐ (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
  - ☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
  - ☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.

TN # 20-009

Supersedes TN# 18-004

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**Page 9d**

☐ Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.

(9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be

The FSSA contracts with a single broker for the administration of the Non-Emergency Medical Transportation program for the FFS population. The broker is responsible for the following activities:

- Ensuring that members seeking NEMT services are eligible for Indiana Medicaid services
  - Ensuring that non-emergency transportation providers are first enrolled as Indiana Health Coverage Programs (IHCP) providers.
  - Recruiting, maintaining, and continuously improving a network of local qualified transportation providers, which is available statewide. This network includes, but is not limited to, specialized motor vehicles, common vehicles, taxies, and public transit.
  - Scheduling recurring trips, one-time trips, advance reservations, hospital and emergency room discharges, trip which require prior authorization, and requests for urgent trips.
  - Determining the appropriate mode of transportation to meet a member's medical needs, including any special transport requirements for medically fragile or physically/mentally challenges members or long-distance travel requirements.
  - Seeking and confirming any prior authorization requirements in accordance with state and federal requirements.
  - Responding to telephone and written inquiries from members, their representatives, health care providers, non-emergency transportation providers, and other stakeholders.
  - Assisting the state with ongoing program operations, policy and procedures development and review, monthly status meetings with FSSA and related contractors, and a monthly quality improvement committee.
  - Tracking and resolving quality issues and any other issues as identified within the state's quality strategy, as appropriate.
  - Reimbursing claims for services rendered.
- 
- Determining payment based on the least expensive mode and the shortest, most efficient route.
  - Monitoring and controlling fraud, waste, and abuse from transportation providers.

**Nursing facility services for patients under 21 years of age**

☒ Provided    ☐ No Limitations    ☒ With Limitations\*    ☐ Not Provided

**Services provided in Religious Nonmedical Health Care Institutions.**

☒ Provided    ☐ No Limitations    ☒ With Limitations\*    ☐ Not Provided

**Emergency Hospital Services**

☒ Provided    ☒ No Limitations    ☐ With Limitations\*    ☐ Not Provided

**State of Indiana**

**ATTACHMENT 3.1-A**

**Page 9e**

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TN # 18-004

Supersedes TN# NEW

Approval Date 5/24/18

Effective Date 1/1/18

Indiana

Attachment 3.1-A  
Page 10

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

**25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.**

\_\_\_\_\_ provided        X   not provided

**26. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse**

☐ Provided    ☐ No Limitations    ☐ With Limitations\* ☒ Not Provided

Electronic Visit Verification System. The state became compliant with the Electronic Visit Verification System (EVV) requirements for personal care services on January 1, 2021, in accordance with section 12006 of the 21st Century CURES Act.

TN # 22-0013  
Supersedes  
TN # 92-023

Approval Date: 12/13/2022

Effective Date: 1/1/2023

Attachment 3.1-A  
Page 10a

State of: Indiana

**Program of All-Inclusive Care for the Elderly State Plan Amendment**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the  
Categorically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in  
Supplement 3 to Attachment 3.1-A.

  X   Election of PACE: By virtue of this submittal, the State elects PACE as an  
optional State Plan service.

       No election of PACE: By virtue of this submittal, the State elects to not add  
PACE as an optional State Plan service.

TN No. 12-006  
Supersedes  
TN No. New

Approval Date: 2/8/13 Effective Date: October 1, 2012

State: Indiana

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Page 11

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES TO THE CATEGORICALLY NEEDY

Freestanding Birth Center Services (in accordance with section 1905(a)(28) and 1905(1)(3)(A)-(c) of the Act).

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: ☐ No limitations ☒ With limitations ☐ None licensed or approved

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ☐ No limitations ☒ With limitations

TN No. 11-024  
Supersedes  
TN No. New

Approval Date **MAR 13 2012**

Effective Date: February 1, 2012

State: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES TO THE CATEGORICALLY NEEDY

29. Psychosocial rehabilitation services

Provided: ☐ No limitations ☒ With limitations

TN No. 16-002  
Supersedes  
TN No. New

Approval Date 9/7/16

Effective Date: 8/15/2016

ATTACHMENT 3.1-A

Page 13

State/Territory: Indiana

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**

**CATEGORICALLY NEEDY GROUP(S)**

**30. Coverage of Routine Patient Cost in Qualifying Clinical Trials**

\*The state needs to check each assurance below.

Provided: X

**I. General Assurances:**

**Routine Patient Cost – Section 1905(gg)(1)**

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 22-0002

Supersedes TN: New

Approval Date: June 9, 2022

Effective Date: June 1, 2022



State of Indiana

Attachment 3.1A  
Addendum Page 1

1. Inpatient Hospital services Provided with limitations.  
Inpatient hospital services are covered when provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the recipient's condition. Reimbursement shall not be made for any hospital services not covered under the Medicaid program.  
The following require prior authorization:
  - (1) any procedure ordinarily rendered on an outpatient basis when rendered on an inpatient basis
  - (2) psychiatric inpatient admissions
  - (3) rehabilitation, including substance abuse, inpatient admissions
  - (4) burn inpatient admissions
  - (5) out of state hospitalization
  - (6) nonemergent inpatient admissions  
The following are exempt from the prior authorization requirements:
  - (1) Inpatient hospital admissions when covered by Medicare.
  - (2) Routine vaginal and cesarean section deliveries.  
If an inpatient procedure requires prior authorization and prior authorization is either not obtained or denied, reimbursement for the inpatient procedure and any associated services, including inpatient days, shall be denied.
- 2.a. Outpatient Hospital services Provided with limitations.  
Outpatient hospital services are covered when provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the recipient's condition. Reimbursement shall not be made for any hospital services not covered under the Medicaid program. For general anesthesia services, documentation in the patient's record must include specific reasons why such services are needed, if such services are to be provided on an outpatient basis.
- 2.b. Rural Health Clinic services Provided with limitations.  
Reimbursement is available to rural health clinics for medically necessary services provided by a physician, physician assistant, nurse practitioner, clinical psychologist, clinical social worker, dentist, dental hygienist, podiatrist, optometrist, chiropractor, licensed clinical addiction counselor, licensed marriage and family therapist, or licensed mental health counselor employed by the rural health clinic. Reimbursement shall not be made for any services not covered under the Medicaid program.

TN No. 20-003  
Supersedes  
TN No. 13-007

Approval Date: July 14, 2020

Effective Date: October 1, 2020

State of Indiana

Attachment 3.1A  
Addendum Page 1.0

2.c. Federally Qualified Health  
Center services

Provided with limitations.

Reimbursement is available to FQHCs for medically necessary services provided by a physician, as defined in 42 C.F.R. 405.2412, physician assistant, nurse practitioner, clinical psychologist, clinical social worker, dentist, dental hygienist, podiatrist, optometrist, chiropractor, licensed clinical addiction counselor, licensed marriage and family therapist, or licensed mental health counselor. Reimbursement is also available for services and supplies incident to such services as would otherwise be covered if furnished by a physician or as an incident to a physician's services. Services to a homebound individual are only available in the case of those FQHCs that are located in an area that has a shortage of home health agencies as determined by Medicaid. Any other ambulatory service included in the Medicaid state plan is considered a covered FQHC service if the FQHC offers such a service. Reimbursement shall not be made for any service not covered under the Medicaid program.

3. Other Laboratory and  
X-ray services

Provided with limitations.

All laboratory and x-ray services must be ordered by a physician or other practitioner licensed to do so under state law. Covered when necessitated by a condition-related diagnosis.

Only one (1) charge per day for each patient is allowed for venipuncture.

TN No. 20-003  
Supersedes  
TN No. 13-007

Approval Date: July 14, 2020

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## State of Indiana

## Attachment 3.1A

## Addendum Page 2

4.a. Nursing Facility services  
for individuals 21 years of  
age or older

Provided with limitations.

Reimbursement is available for nursing facility services provided by a licensed and certified nursing facility in accordance with Attachment 4.19-D, when rendered to a recipient whose level of care has been approved by the Office of Medicaid Policy and Planning.

Those services and products furnished by the nursing facility for the usual care and treatment of patients are reimbursed in the per diem rate in accordance with State law.

The per diem rate for nursing facilities includes the following services: room and board, room accommodations, all dietary services, and laundry services; nursing care provided by a registered nurse, licensed practical nurse, or nurse's aid; all medical and nonmedical supplies and equipment; durable medical equipment (DME), and associated repair costs routinely required for the care of patients; medically necessary therapy services which include physical, occupational, respiratory, and speech pathology services; transportation to vocational/habilitation service programs; the cost of both legend and non-legend water products in all forms and for all uses.

4.b Early and Periodic  
Screening, Diagnosis  
Treatment

Provided in excess of federal requirements.

Treatment services are covered subject to prior authorization requirements and reimbursement limitations.

Any treatment found necessary as a result of a diagnosis pursuant to an initial or periodic screening may be provided subject to any prior authorization requirements for the services. However, if a service is not covered under the state plan, it is still available to EPSDT eligible recipients subject to prior authorization requirements in accordance with State law if it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.

Medicaid reimbursement is available for Individualized Education Program (IEP) nursing services rendered by a Registered Nurse (RN) who is employed by or under contract with a Medicaid-participating school corporation provider when the services are: medically necessary; provided pursuant to a Medicaid-enrolled student's IEP; and provided in a school setting.

## 4.c. Family Planning services

Provided with limitations.

Family planning services are those services provided to individuals of childbearing age to temporarily or permanently prevent or delay pregnancy. Family planning services includes: diagnosis and treatment of sexually transmitted diseases, if medically indicated; follow-up care for complications associated with contraceptive methods issued by the family planning provider; health education and counseling necessary to make informed choices and understand contraceptive methods; laboratory tests, if medically indicated as part of the decision-making process for choice of contraceptive methods; limited history and physical examination; pregnancy testing and counseling; provision of contraceptive pills, devices, and supplies; screening, testing, and counseling of members at risk for HIV and referral and treatment; tubal ligation or Essure device; and vasectomy.

## 4c(i) Family Planning services

Provided with limitations

Family planning services are those services provided to individuals who are not pregnant to temporarily or permanently prevent or delay pregnancy. Family planning services include: diagnosis and treatment of sexually transmitted diseases, if medically indicated; follow-up care for complications associated with contraceptive methods issued by the family planning provider; health education and counseling necessary to make informed choices and understand contraceptive methods; laboratory tests, if medically indicated as part of the decision-making process for choice of contraceptive methods; limited history and physical examination, pregnancy testing, and counseling; provision of contraceptive pills, devices, and supplies; screening, testing, and counseling of members at risk for HIV and referral and treatment; tubal ligation or Essure device; and vasectomy.

TN No. 11-025

Supersedes

TN No. 09-009

Approval Date

**MAR 26 2012**Effective Date: 10-1-12

State of Indiana

Attachment 3.1A  
Addendum Page 2.04.d.1 Face-to-Face Tobacco  
Dependence Services

## Provided with Limitations:

Reimbursement is available for tobacco dependence treatment.

Tobacco dependence treatment includes covered legend or nonlegend drugs intended to reduce an individual's dependence on tobacco products as well as tobacco dependence counseling. A member prescribed a legend or nonlegend drug intended to reduce an individual's dependence on tobacco products must engage in tobacco dependence counseling in conjunction with the receipt of said legend or nonlegend drug therapy.

Reimbursement is available for tobacco dependence counseling services rendered by licensed practitioners under applicable Indiana law participating in the Indiana Medicaid program.

The following may provide tobacco dependence counseling services when prescribed by a practitioner within the scope of his license under Indiana law and within the limitations set out in this state plan:

- (1) A physician.
- (2) A physician's assistant.
- (3) A nurse practitioner.
- (4) A registered nurse.
- (5) A psychologist.
- (6) A pharmacist.
- (7) A dentist.
- (8) An optometrist.
- (9) A clinical social worker.
- (10) A marital and family counselor.
- (11) A mental health counselor.
- (12) A licensed clinical addictions counselor.

State of Indiana

Attachment 3.1A  
Addendum Page 2.1

5.a. Physicians' services

Provided with limitations.

Reimbursement is available for medically necessary services provided by a doctor of medicine or osteopathy for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within the scope of the practice of medicine, as defined by Indiana law, and subject to limitations.

Reimbursement is available for office visits limited to a maximum of office visits per rolling 12 months, per recipient, per provider without prior authorization. Additional office visits may be approved with prior authorization based on medical necessity. Office visits should be appropriate to the diagnosis and treatment given and properly coded. New patient office visits are limited to one per recipient, per provider within the last three (3) years. For purposes of this subsection, "new patient" means one who has not received any professional services from the provider or another provider of the same specialty who belongs to the same group practice within the last three (3) years.

A physician will not be reimbursed for the following: preparation of reports, missed appointments, writing or telephoning prescriptions to pharmacies, telephone calls to laboratories, any extra charge for after-hours services, mileage.

Reimbursement is available for a physician as an assistant surgeon and is limited to the procedures that generally require the skills and services of an assistant surgeon as set out in coding guidelines. When extenuating circumstances require an assistant surgeon when customarily one is not required, these circumstances must be well documented in the hospital record and documentation must be attached to the claim form. Reimbursement is not available for a surgical assistant who assists in diagnostic surgical procedures or for minor surgical procedures.

Reimbursement is not available to a physician for injecting medications that can be self-administered unless justified by the patient's condition. Possible noncompliance by a recipient to oral medication is insufficient justification to administer injections.

TN No. 09-009  
Supersedes  
TN No. 07-004

Approval Date JUL 01 2010

Effective Date: April 1, 2010

State of Indiana

Attachment 3.1A  
Addendum Page 2.2

5.b. Medical and Surgical  
services furnished by a dentist

Provided with limitations.

Reimbursement is available only for those services listed below subject to limitations.

The following are covered medical and surgical services furnished by a dentist under the Indiana Medicaid program: oral biopsies, alveoplasty, excision of lesions, excision of benign tumor, nonodontogenic cyst removal, incise and drain abscess, fracture simple stabilize, compound fracture of the mandible, compound fracture of the maxilla, repair of wounds, suturing, , periodontal surgery limited to drug-induced periodontal hyperplasia, other medical and surgical services furnished by a dentist as medically necessary to treat recipients eligible for the EPSDT program, general anesthesia, intravenous (IV) sedation covered only for oral surgical services, and maxillofacial surgery

6.a. Podiatrists' Services

Provided with limitations.

(1) Are provided by a podiatrist who is licensed by the State and meets standards issued by the Secretary of Health and Human Services; and

(2) Consists of treatment that the podiatrist is legally authorized by the State to perform and services of a doctor of podiatric medicine, acting within the scope of his or her license, if the services would be covered as physicians' services when performed by a doctor of medicine or osteopathy.

(3) Reimbursement is limited to 1 office visit and up to 6 routine foot care services per recipient with systemic disease of sufficient severity that unskilled performance of such procedure would be hazardous per 12 months. New patient office visits are limited to one (1) per recipient, per provider, within the last three (3) years. "New patient" is one who has not received professional services from the provider or another provider of the same specialty who belongs to the same group practice within the past three (3) years. Reimbursement is available within the scope of the practice of podiatry as defined by Indiana law. Covered services include diagnosis of foot disorders and mechanical, medical or surgical treatment of these disorders. Reimbursement is not available for any podiatric service provided outside the scope of state licensure or for any podiatric service for which federal financial participation is not available.

Subject to prior authorization requirements, these limits do not apply to treatments found necessary for children under the age 21, after a diagnosis as a result an EPSDT service.

TN No. 11-018  
Supersedes  
TN No. 09-009

Approval Date APR - 5 2012

Effective Date: 7-1-2011

State: Indiana

Attachment 3.1-A  
Addendum Page 3

6.b. Optometrists' services

Optometrists' services are provided in accordance with 42 CFR 440.060.

Reimbursement is available for medically necessary services provided by an optometrist within the scope of practice as define by Indiana law and subject to procedure code limitations.

6.c. Chiropractors' services

Chiropractors' services include only services that—

(1) Are provided by chiropractor who is licensed by the State and meets standards issued by the Secretary of Health and Human Services under 42 CFR 420.21(a); and

(2) Consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform

(3) Provided with limitations

Coverage is limited to 5 office visits and up to 50 therapeutic physical medicine treatments per recipient per year; however, the 5 office visits are included in the 50 visit/treatment maximum. Additional treatments may be authorized with prior authorization and are based on medical necessity.

(4) Are eligible for federal financial participation.

6.d. Other Practitioners' services

Nurse Practitioners' services

Provided with limitations.

Reimbursement is available for medically necessary, reasonable and preventive health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.

Diabetes Self-Management  
And Training Services

Reimbursement is limited to a total of sixteen units (15 minutes each) per recipient, per rolling calendar year. Additional units may be prior authorized. Services must be medically necessary; provided by health care professionals who are licensed, registered or certified under applicable Indiana law and who have specialized training in the management of diabetes; and ordered in writing by a physician, podiatrist, nurse practitioner, clinical nurse specialist, certified nurse midwife and physician assistant.

TN: 21-009

Supersedes

TN: 06-004

Approval Date: December 13<sup>th</sup>, 2021 Effective Date: December 1, 2021

State of Indiana

Attachment 3.1A  
Addendum Page 3a

6.d. Other Practitioners' services (continued) Provided with limitations.

Physician Assistants' Services Licensed Physician Assistants may provide medically necessary healthcare services within their scope of practice according to state law.

Community Health Workers' Services Reimbursement is available for medically necessary health care services provided by a certified community health worker within the scope of the applicable certification program. The services within the applicable certification program of a certified community health worker should be within the scope of practice for each of the following supervising licensed practitioners: health services provider in psychology, advanced practice nurse, physician assistant, podiatrist, and chiropractor. Supervision of the certified community health worker is included in the scope of practice for each supervising licensed practitioner. Each supervising licensed practitioner shall assume professional responsibility for the services provided by the certified community health worker. Each supervising licensed practitioner shall bill for the services of the certified community health worker

Licensed Behavioral Health Practitioners Services Licensed Clinical Social Workers may provide medically necessary healthcare services within their scope of practice according to state law.

Licensed Marriage and Family Therapists may provide medically necessary healthcare services within their scope of practice according to state law.

Licensed Mental Health Counselors may provide medically necessary healthcare services within their scope of practice according to state law.

Licensed Clinical Addiction Counselors may provide medically necessary healthcare services within their scope of practice according to state law.



State: Indiana

Attachment 3.1-A

Addendum Page 3.1

Psychologists' services Psychologists' services include only services that are provided by licensed psychologists within the scope of practice as defined under 868 IAC 1.1-13 and IC 25-33-1.

Reimbursement is available for outpatient mental health and substance abuse treatment services provided by a licensed psychologist endorsed as a health services provider in psychology (HSPP), subject to the following limitations:

- (1) Subject to prior authorization by the office or its designee, Medicaid will reimburse HSPP supervised outpatient mental health services for group, family, and individual outpatient psychotherapy when the services are provided by one (1) of the following practitioners:
  - (A) A licensed psychologist.
  - (B) A licensed independent practice school psychologist.
  - (C) A licensed clinical social worker (LCSW).
  - (D) A licensed marital and family therapist (LMFT).
  - (E) A licensed mental health counselor (LMHC).
  - (F) A licensed clinical addiction counselor (LCAC).
  - (F) A person holding a master's degree in social work, marital and family therapy, or mental health counseling, except that partial hospitalization services provided by such person shall not be reimbursed by Medicaid.
  - (G) An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing.
- (2) A HSPP is responsible for certifying the diagnosis for the purpose of developing the plan of treatment and providing continuous supervision as follows:
  - (A) The supervising practitioner is responsible for seeing the patient during the intake process or reviewing information submitted by the other licensed professionals, qualified behavioral health provider (QBHP), or other behavioral health provider (OBHP) and approving the plan of treatment within seven (7) days.
  - (B) The supervising practitioner must provide face to face visits with the patient or review the plan of treatment submitted by the QBHP at intervals not to exceed ninety (90) days. These reviews must be documented and signed by the supervising practitioner assuming responsibility for the plan of treatment.
- (3) Medicaid will reimburse for evaluation, psychological testing and group, family, and individual psychotherapy when provided by a licensed psychologist, licensed independent practice school psychologist, and a licensed psychologist endorsed as an HSPP.
- (4) Subject to prior authorization by the office or its designee, Medicaid will reimburse for neuropsychological and psychological testing when the services are provided by an HSPP.
- (5) Prior authorization is required for mental health service provided in an outpatient or office setting that exceed twenty (20) units per recipient, per provider, per rolling twelve (12) month period of time, except neuropsychological and psychological testing, which is subject to prior authorization.
- (6) The following are services that are not reimbursable by the Medicaid program:
  - (A) Daycare.
  - (B) Hypnosis.
  - (C) Biofeedback.
  - (D) Missed appointments.

TN: 20-002

Supersedes

TN: 13-011

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State: Indiana

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Addendum Page 3.2

Telehealth

Coverage is available for health care services delivered via telehealth. Telehealth must be provided in accordance with Indiana state law.

The following services may not be delivered via telehealth:

- (A) Ambulatory surgical services.
- (B) Outpatient surgical services.
- (C) Radiological services.
- (D) Laboratory services.
- (E) Anesthesia services or nurse anesthetist services.
- (F) DME and HME services.
- (G) Transportation services.

For more information on telehealth monitoring reimbursement for home health care services, please refer to Attachment 4.19-B, Page 3c.1.1

TN: 21-003

Supersedes  
TN: 20-019

Approval Date: November 19<sup>th</sup>, 2021 Effective Date: July 11, 2021

State of Indiana

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Addendum Page 4

7. Home Health services

Home Health Services are provided in accordance with 42 CFR 440.70 and include:

- (1) Intermittent or part-time nursing services in accordance with 42 CFR 440.70 (b)(1).
- (2) Home health aide services in accordance with 42 CFR 440.70(b)(2).
- (3) Medical supplies, equipment, and appliances suitable for use in the home in accordance with 42 CFR 440.70(b)(3).
- (4) Physical Therapy, Occupational Therapy, or Speech Pathology and Audiology services provided by a home health agency or medical rehabilitation facility in accordance with 42 CFR 440.70(b)(4) and 42 CFR 440.110.

Reimbursement for Home Health Services provided by licensed individuals within the scope of practice as defined under state law is available with prior authorization, for medically necessary and reasonable care.

All medically necessary Home Health Services will be provided to children under the age of 21.

Medically necessary and reasonable service is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

All home health services require prior authorization by the Office of Medicaid Policy & Planning (OMPP), except the following:

- (1) Services ordered in writing prior to inpatient hospital discharge provided by an RN, LPN, or home health aide, if the services do not exceed 120 units within 30 calendar days following hospital discharge.
- (2) Nursing services that do not meet the definition of emergency services, are covered without prior authorization when provided to a recipient for whom home health services have been currently authorized.

Coverage is not available for:

- (1) Homemaker, chore services, and sitter/companion service.
- (2) Educational activities.
- (3) Out of state home health agency services.
- (4) Therapy rendered for diversional, vocational, recreational, or avocational purposes.
- (5) Activities that can be conducted by non-medical personnel.

All incontinence supplies must be provided by the one provider under contract with the Indiana Medicaid program to provide incontinence supplies.

State: Indiana

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Addendum Page 4.1

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- 7.d. Physical Therapy, Occupational Therapy, or Speech Pathology and Audiology services provided by a home health agency or medical rehabilitation facility
- Reimbursement is available only for medically necessary and reasonable therapy and is provided with limitations.
- Physical Therapy, Occupational Therapy, Speech Pathology, and Audiology services provided by a home health agency in accordance with 42 CFR 440.70 (b) (4) and 42 CFR 440.110.
- Prior authorization is required by the OMPP for all therapy services except the following:
- (1) Initial evaluations.
  - (2) Any combination of therapy services ordered in writing prior to inpatient hospital discharge, if the services do not exceed 30 units in thirty 30 calendar days following hospital discharge.
  - (3) Oxygen equipment and supplies necessary for the delivery of oxygen with the exception of concentrators.
  - (4) Therapy services provided by a nursing facility or large private or small intermediate care facility for the mentally retarded (ICF/MR), which are included in the facility's per diem rate.
  - (5) Physical therapy and occupational therapy ordered in writing by a physician to treat an acute medical condition.
- Prior authorization is required by the OMPP for all audiology services except the following:
- (1) The initial assessment of hearing.
  - (2) Determination of suitability of amplification and the recommendation regarding a hearing aid.
  - (3) The determination of functional benefit to be gained by the use of a hearing aid.
  - (4) Audiology services provided by a nursing facility or large private or small ICF/MR, which are included in the facility's established per diem rate.
8. Private Duty Nursing
- Private Duty Nursing services provided by a home health agency in accordance with 42 CFR 440.80.
- Reimbursement is available for medically necessary and reasonable services rendered by registered nurses, licensed practical nurses and home health agencies who are Medicaid providers, subject to prior authorization requirements applicable to home health agencies.

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9. Clinic services Covered for medically necessary clinic services..
10. Dental services Covered subject to a \$1,000 cap per recipient per 12 month period for all Dental services. Coverage limits based on diagnostic and treatment services..
11. Physical Therapy and Related services Covered for medically necessary therapy services. Therapy provided for diversional, recreational, vocational, or avocational purpose, or for the remediation of learning disabilities or for developmental activities which can be conducted by nonmedical personnel, is not covered.
- 11.a. Physical Therapy Provided in accordance with the requirements of 42 CFR 440.110.
- Therapy services will not be approved for more than one (1) hour per day per type of therapy. Evaluations and reevaluations are limited to three (3) hours of service per evaluation. A certified physical therapist's assistant may provide services within scope of practice as defined by Indiana State law.
- 11.b. Occupational Therapy Provided in accordance with the requirements of 42 CFR 440.110.
- Therapy services will not be approved for more than one (1) hour per type of therapy. Evaluations and reevaluations are limited to three (3) hours of service per evaluation. A certified occupational therapy assistant may provide services within scope of practice as defined by Indiana State law.
- 11.c. Services for individuals with speech, hearing and language disorders (provided by a speech pathologist or audiologist) Provided in accordance with the requirements of 42 CFR 440.110.
- Therapy services will not be approved for more than one (1) hour per day per type of therapy. Speech therapy evaluations and reevaluations are limited to three (3) hours of service per evaluation. A registered speech-language pathology aide may provide services within scope of practice as defined by Indiana State law.
- 11.d. Respiratory Therapy services Provided in accordance with the requirements of 42 CFR 440.185.
- Coverage is limited by diagnosis and medical necessity. A certified respiratory therapy technician may provide services within scope of practice as defined by Indiana State law.

TN No. 11-018

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TN. No. 00-007Approval Date APR - 5 2012Effective Date 7-1-11

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12.a. Prescribed Drugs

Provided with limitations.

Reimbursement is available for prescribed drugs subject to the limitations set out in 405 IAC 5. The following are not covered: anorectics or any agent used to promote weight loss; topical minoxidil preparations; fertility enhancement drugs; drugs used to treat sexual or erectile dysfunction, as set forth in section 1927( d)(2)(K) of the Act, unless such drugs are used to treat conditions other than sexual or erectile dysfunction and such uses have been approved by the Food and Drug Administration; drugs prescribed solely or primarily for cosmetic purposes. All over-the-counter and non-legend items are subject to the limitations set out in 405 IAC 5-24.

In accordance with Section 4401 of P.L. 101-508 (Omnibus Budget Reconciliation Act of 1990), Indiana Medicaid will fully participate in the manufacturer rebate program. In doing so, all applicable provisions and restrictions of the legislation, as well as that of any subsequent rules and/or regulations, will be strictly adhered to. Specifically, Indiana Medicaid will reimburse for all rebating manufacturers' (as identified to the agency by CMS) products fully in accordance with the specifications of the legislation. The program will also adhere to all reporting requirements of the legislation.

Supplemental Rebates--The State is in compliance with section 1927 of the Social Security Act. The state will cover drugs of federal rebate participating manufacturers. The state is in compliance with reporting requirements for utilization and restrictions to coverage. Pharmaceutical manufacturers can audit utilization data. The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification.

The state will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates. A rebate agreement between the State and a drug manufacturer for drugs provided to the Medicaid program, submitted to CMS on November 20, 2020 and entitled, State of Indiana Supplemental Rebate agreement, has been authorized by CMS.

Supplemental rebates received by the State in excess of those required under the national drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the national rebate agreement.

All drugs covered by the program, irrespective of prior authorization requirement, will comply with the provisions of the national rebate agreement.

TN No. 20-018

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- 12.b. Dentures      Provided with limitations.  
Prior review and authorization by the agency is required for all dentures, partials and repairs. Reimbursement is subject to the limitations set out in 405 IAC 5.
- 12.c. Prosthetic devices      Prior authorization by the Office of Medicaid Policy and Planning is required for all prosthetic devices, except for all customizing features, once the basic prosthesis is approved.
- Coverage is not available for prosthetic devices dispensed for purely cosmetic reasons.
- 12.d. Eyeglasses      Covered for medically reasonable and necessary eyeglasses, with the following limitations:
- (1) Eyeglasses provided to a recipient under 21 years of age will be limited to a maximum of 1 pair per year.
  - (2) Eyeglasses provided to a recipient 21 years of age or over will be limited to a maximum of 1 pair every 3 years.
- Medically necessary and reasonable is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.
- Coverage is not available for:
- (1) Lenses with decorative designs.
  - (2) Fashion tints, gradient tints, sunglasses and photochromatic lenses.
  - (3) Oversized lenses larger than 61 mm, except when medically necessary.
13. Other diagnostic, screening preventive and rehabilitative services      Covered for medically necessary diagnostic preventative, therapeutic, and rehabilitative services.
- Medically necessary is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.
- 13.a. Diagnostic services      Covered for medically necessary diagnostic preventative, therapeutic, and rehabilitative services.
- Coverage for environmental lead investigations is available for a one-time, on-site environmental lead investigation of a child's home (or primary residence) for a child with an elevated blood lead level. This environmental lead investigation will be provided by a licensed risk assessor or licensed lead inspector.
- Medically necessary is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

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TN No. 04-006

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Attachment 3.1A  
Addendum Page 7a.113.a.1 Face-to-Face Tobacco  
Dependence Services

Provided with Limitations:

Reimbursement is available for tobacco dependence treatment.

Tobacco dependence treatment includes covered legend or nonlegend drugs intended to reduce an individual's dependence on tobacco products as well as tobacco dependence counseling. A member prescribed a legend or nonlegend drug intended to reduce an individual's dependence on tobacco products must engage in tobacco dependence counseling in conjunction with the receipt of said legend or nonlegend drug therapy.

Reimbursement is available for tobacco dependence counseling services rendered by licensed practitioners under applicable Indiana law participating in the Indiana Medicaid program.

The following may provide tobacco dependence counseling services when prescribed by a practitioner within the scope of his license under Indiana law and within the limitations set out in this state plan:

- (1) A physician.
- (2) A physician's assistant.
- (3) A nurse practitioner.
- (4) A registered nurse.
- (5) A psychologist.
- (6) A pharmacist.
- (7) A dentist.
- (8) An optometrist.
- (9) A clinical social worker.
- (10) A marital and family counselor.
- (11) A mental health counselor.
- (12) A licensed clinical addictions counselor.

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13.b. Screening services

Reimbursement is available for medically reasonable and necessary screening services. Medically reasonable and necessary service is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice. For a service to be reimbursable by the office, it must:

- (1) be medically reasonable and necessary, as determined by the office, which shall, in making that determination, utilize generally accepted standards of medical or professional practice; and
- (2) not be considered a noncovered service, or otherwise excluded from coverage.

Services excluded from coverage are the following:

- (a) Radiology examinations of any body part taken as a routine study not necessary to the diagnosis or treatment of a medical condition.
- (b) Doppler Evaluations - The ultrasonic measurement cannot be used for routine screening purposes.
- (c) Vision Care Services - Screening services (excluding EPSDT) for recipients are not covered by Medicaid, and payment will not be made for such care.
- (d) Podiatric Services - Consultation services rendered by a podiatrist in a nursing facility are not covered when performed on patients on a routine basis for screening purposes.

13.c. Preventive services

Reimbursement is available for medically reasonable and necessary preventative services. Medically reasonable and necessary service is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice. For a service to be reimbursable by the office, it must:

- (1) be medically reasonable and necessary, as determined by the office, which shall, in making that determination, utilize generally accepted standards of medical or professional practice; and
- (2) not be considered a noncovered service, or otherwise excluded from coverage.

13.d. Rehabilitative services

Reimbursement is available for medically reasonable and necessary rehabilitative services. Medically reasonable and necessary service is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice. For a service to be reimbursable by the office, it must:

- (1) be medically reasonable and necessary, as determined by the office, which shall, in making that determination, utilize generally accepted standards of medical or professional practice; and
- (2) not be considered a noncovered service, or otherwise excluded from coverage.

All therapies provided in a rehabilitation center must be provided in accordance with the following:

Demonstration of the inability of the recipient to function independently with demonstrated impairment:

- (1) Cognitive function (attention span, memory, or intelligence).
- (2) Communication (aphasia with major receptive or expressive dysfunction).
- (3) Continence (bladder or bowel).
- (4) Mobility (transfer, walk, climb stairs, or wheelchair).
- (5) Pain management (pain behavior limits functional performance).
- (6) Perceptual motor function (spatial orientation or depth or distance perception).
- (7) Self-care activities (drink or feed, dress, maintain personal hygiene, brace or prosthesis).

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The intensity of service criteria shall be as follows:

- (1) Multidisciplinary team evaluations should occur at minimum every two (2) weeks.
- (2) Physical therapy and at least one (1) of the following therapies (totaling a minimum of three (3) hours daily):
  - (A) Occupational therapy.
  - (B) Speech therapy.
- (3) Participation in a rehabilitation program under the direction of a qualified physician.
- (4) Skilled rehabilitative nursing care or supervision required at least daily.

Discharge criteria may include, at minimum, the following:

- (1) Evidence in the medical record indicating the patient has achieved stated goals.
- (2) Medical complications precluding intensive rehabilitative effort.
- (3) Multidisciplinary therapy is no longer needed.
- (4) Additional functional improvement is not anticipated.
- (5) Patient's functional status has remained unchanged for fourteen (14) days.

Educational services are not covered.

13.d.1. Medicaid Rehabilitation  
Option

Reimbursement is available for Medicaid Rehabilitation Option (MRO) services, which are defined as:

(1) Behavioral Health Counseling and Therapy services. Refers to a series of time-limited, structured, face-to-face sessions that work toward the goals identified in the individualized integrated care plan.

These services include the following:

- Individual counseling and therapy
- Family/Couple (Individual) with the consumer present counseling and therapy
- Family/Couple (Individual) without the consumer present counseling and therapy
- Group counseling and therapy
- Family/Couple (Group) with the consumer present counseling and therapy
- Family/Couple (Group) without the consumer present counseling and therapy

Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction. Services may be provided in an individual or group setting, and with family members or other caretakers of the person in need of services. Services must be provided at home or at other locations outside the clinic setting.

The following providers are qualified to deliver this service:

- Licensed professional, except for a licensed clinical addiction counselor, defined as: Individuals wishing to be addiction counselors or clinical addiction counselors must meet the education, counseling experience, examination and exemptions, renewal of licensure, and temporary permit requirements of the State of Indiana.
- Qualified Behavioral Health Professional (QBHP)

Limitations: Service packages authorize the following units of service for 180 days based on a member's level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
3	Individual Counseling and Therapy	32
4	Individual Counseling and Therapy	48
5	Individual Counseling and Therapy	48
5A	Individual Counseling and Therapy	48
3	Group Counseling and Therapy	48
4	Group Counseling and Therapy	60
5	Group Counseling and Therapy	60
5A	Group Counseling and Therapy	60

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Child/Adolescent		
Level of Need	Service Type	Units per 180 days (15 min.)
3	Individual Counseling and Therapy	32
4	Individual Counseling and Therapy	48
5 /6	Individual Counseling and Therapy	48
3	Group Counseling and Therapy	48
4	Group Counseling and Therapy	60
5 /6	Group Counseling and Therapy	60

(2) Medication Training and Support services. Refers to monitoring medication compliance, providing education and training about medications, monitoring medication side effects, and providing other nursing/medical assessments. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction. Services may be provided in an individual or group setting, and with family members or other caretakers of the person in need of services. Services must be provided at home or at other locations outside the clinic setting.

The following providers are qualified to deliver this service:

- Licensed physician
- Authorized health care professional
- Licensed physician assistant (PA)
- Licensed registered nurse (RN)
- Licensed practical nurse (LPN)
- Medical Assistant (MA) who has graduated from a two (2) year clinical program

Limitations: Service packages authorize the following units of service for 180 days based on a member's level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
3	Medication Training and Support	60
4	Medication Training and Support	104
5	Medication Training and Support	104
5A	Medication Training and Support	104

Child/Adolescent		
Level of Need	Service Type	Units per 180 days (15 min.)
3	Medication Training and Support	60
4	Medication Training and Support	104
5 /6	Medication Training and Support	104

(3) Skills Training and Development services. Refers to the development and/or restoration of skills (i.e., self-care, daily life management, or problem solving skills) directed toward restoring an individual to his best possible functional level, eliminating psychosocial barriers, and restoring a consumer's abilities that are essential to independent living. Development and/or restoration of skills is provided

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through structured interventions for attaining recovery goals identified in the individualized integrated care plan and the monitoring of progress in achieving those skills. Services may be provided for persons who are living in the community, or who are residing in an ASAM 3.1 Substance Use Disorder Residential Treatment Facility, and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction. Services may be provided in an individual or group setting, and with family members or other caretakers of the person in need of services.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP

Limitations: Service packages authorize the following units of service for 180 days based on a member's level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
3	Skills Training and Development	600
4	Skills Training and Development	750
5	Skills Training and Development	900
5A	Skills Training and Development	1000

Child/Adolescent		
Level of Need	Service Type	Units per 180 days (15 min.)
3	Skills Training and Development	600
4	Skills Training and Development	750
5 /6	Skills Training and Development	900

- (4) Behavioral Health Level of Need Redetermination. Refers to services required to assess an individual's functional needs and strengths, determine level of need, and make changes to the individualized integrated care plan. The assessment is used as a clinical guide and a treatment planning tool which assists providers in creating a person-centered plan of care. The redetermination includes face-to-face contact with the consumer and face-to-face or telephone collateral contacts with family members or non-professional caretakers, which results in a completed redetermination. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction.

The following providers are qualified to deliver this service:

- Individuals meeting the Division of Mental Health and Addiction's (DMHA) training competency standards for the performance of the DMHA approved assessment tool.

Limitations:

- Reimbursement is allowed for one redetermination per 180 days for Adults LON 3-5A and Children/Adolescents LON 3-6.

- Care Coordination services. Refers to the coordination of services to manage a mental health or substance use disorder. Care coordination services include the assessment of the eligible consumer to determine mental health and substance abuse treatment service needs, development of an individualized integrated care plan, referral and related activities to help the consumer obtain needed services, monitoring and follow-up, and evaluation. Care coordination is a service on behalf of the consumer, not to the consumer, and is management of the case, not the consumer.

The following providers are qualified to deliver this service:

- A licensed professional
- A QBHP
- An OBHP

Limitations:

- Activities billed under behavioral health level of need redetermination.
- The actual or direct provision of medical services or medical treatment.

(5) [Crisis Intervention services has been moved to Attachment 3.1-A, Addendum Page 9c.2].

(6) Child and Adolescent Intensive Resiliency Services (CAIRS). Refers to a time-limited, non-residential service provided in a clinically supervised setting that provides an integrated system of individual, family and group interventions based on an individualized integrated care plan. CAIRS includes therapeutic services such as clinical therapies, psycho-educational groups, and rehabilitative services such as skills training and development and medication training and support. CAIRS is designed to alleviate emotional or behavioral problems with the goal of reintegrating the child into the community setting and restore a beneficiary to his best possible functional level. CAIRS is provided in close coordination with the educational program provided by the local school district. CAIRS is time-limited, curriculum-based, with goals that include reintegration into age appropriate community settings (e.g., school and activities with pro-social peers). Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, or addiction. Children who do not meet the medical necessity criteria for CAIRS will receive comparable treatment services under Early and Periodic Screening, Diagnostic and Treatment.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP

Limitations:

- The program is required to operate 2-4 hours per day and 3-5 days per week.
- Service packages authorize the following units of service for 180 days based on a member's level of need (LON). Any additional medically necessary units of service may be prior authorized.

Child/Adolescent		
Level of Need	Service Type	Units per 180 days (1 hour)
4	CAIRS	252-Limited to 90 consecutive days
5 /6	CAIRS	252-Limited to 90 consecutive days

(7) Adults Intensive Rehabilitative Services (AIRS). Refers to a time-limited, non-residential service provided in a clinically supervised setting for consumers who require structured rehabilitative services to maintain the consumer on an outpatient basis. AIRS is curriculum based and designed to alleviate emotional or behavior problems with the goal of reintegrating the consumer into the community, increasing social connectedness beyond a clinical setting, and/or employment. AIRS includes therapeutic services such as clinical therapies, psycho-educational groups, and rehabilitative services such as skills training and development and medication training and support. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for mental illness, or addiction.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP

Limitations:

- The program is required to operate 2-6 hours per day and 3-5 days per week
- Service packages authorize the following units of service for 180 days based on a member's level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (1 hour)
4	CAIRS	270-Limited to 90 consecutive days
5 /6	CAIRS	270-Limited to 90 consecutive days

(8) [Intensive Outpatient Treatment (IOT) has been moved to Attachment 3.1-A, Addendum Page 9c.2].



(9) Addiction Counseling services. Refers to a planned and organized service where addiction professionals and clinicians provide counseling intervention. Addiction counseling services to the beneficiary's family and caretakers is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery. In addition to individual, group, and family addiction counseling, other activities included are: education on addiction disorders and skills training in communication, anger management, stress management and relapse prevention. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction. Services may be provided in an individual or group setting, and with family members or other caretakers of the person in need of services.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP

Limitations: Service packages authorize the following units of service for 180 days based on a member's level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (1 hour)
3	Addiction Counseling	32
4	Addiction Counseling	32
5	Addiction Counseling	32
5A	Addiction Counseling	50

Child/Adolescent		
Level of Need	Service Type	Units per 180 days (1 hour)
3	Addiction Counseling	32
4	Addiction Counseling	32
5 /6	Addiction Counseling	32



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Attachment 3.1A  
Addendum Page 9c

(10) [Peer Recovery Services has been moved to Attachment 3.1-A, Addendum Page 9c.3].

(11) Psychiatric Assessment and Intervention services. Refers to face-to-face and non-face-to-face activities that are designed to provide psychiatric assessment, consultation, and intervention services to consumers who are receiving services from an interdisciplinary team. Services may be provided for persons with a history of multiple hospitalizations and severe challenges in maintaining independent living within the community.

The following providers are qualified to deliver this service:

- Physician
- Authorized healthcare professional

Limitations: Service packages authorize the following units of service for 180 days based on a member's level of need (LON). Any additional medically necessary units of service may be prior authorized.

Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
5	Psychiatric Assessment and Intervention	25
5A	Psychiatric Assessment and Intervention	100

State of Indiana

Attachment 3.1A  
Addendum Page 9c.1

**MRO SERVICES WILL CONTINUE ON PAGE 9d**

**Opioid Treatment Services**

Opioid treatment services refers to rehabilitative services for an individual to administer opioid treatment medication and to alleviate the adverse medical, psychological, or physical effects incident to opioid addiction. Opioid treatment services consist of the following Medicaid service components:

- Oral medication administration, including the administration of methadone
- Periodic alcohol and drug screening
- Individual psychotherapy
- Group psychotherapy
- Coordination of services
- Daily methadone dosage
- Pharmacologic management
- Self-management education
- Periodic laboratory tests for Hepatitis, pregnancy, TB, Syphilis, HIV, and complete blood count
- Periodic evaluation and management visits

Any individual providing opioid treatment services that is not licensed by the State must instead be credentialed in addictions counseling by a nationally recognized credentialing body approved by the Division of Mental Health and Addiction. All opioid treatment services furnished by these credentialed individuals must be recommended by a physician or other licensed practitioner of the healing arts.

**Limitations:**

- Services must be rendered in an Opioid Treatment Program that has been certified under 42 C.F.R. 8 (regarding the process and standards by which SAMHSA determines that an opioid treatment program is qualified to provide opioid treatment under the Federal opioid treatment standards), and approved by the Family and Social Services Administration's Division of Mental Health and Addiction.

**MRO SERVICES WILL CONTINUE ON PAGE 9d**

**MRO SERVICES WILL CONTINUE ON PAGE 9d**

**Crisis Intervention Services**

Refers to short-term emergency behavioral health services, available twenty-four (24) hours a day, seven (7) days a week. Crisis Intervention includes, but is not limited to crisis assessment planning and counseling specific to the crisis, intervention at the site of the crisis (when clinically appropriate), and pre-hospital assessment. The goal of Crisis Intervention is to resolve the crisis, and transition the consumer to routine care through stabilization of the acute crisis and linkage to necessary services. Crisis Intervention may be provided in an emergency room, clinic setting, or within the community. Services may be provided to any Medicaid eligible individual in need of crisis services.

The following providers are qualified to deliver this service:

- Licensed professional
- QBHP
- OBHP

There are no limitations on this service.

**Intensive Outpatient Treatment (IOT)**

Reimbursement is available for intensive outpatient treatment when provided to treat substance abuse or psychiatric disorders, subject to prior authorization. IOT must operate at least three (3) hours per day, at least three (3) days per week and must be based on an individualized integrated care plan.

The Medicaid covered service components are covered by the State through licensed professionals under 42 C.F.R. 440.60 and are as follows:

- Individual/Family Therapy (Attachment 3.1-A Addendum Page 3.1); and
- Group Therapy (Attachment 3.1-A Addendum Page 3.1).

The Medicaid covered service components and the practitioners who are qualified to provide them are as follows:

- Skills Training (Attachment 3.1A Addendum Page 8b and 8c);
- Medication Training and Support (Attachment 3.1A Addendum Page 8b);
- Peer Recovery Services (Attachment 3.1A Addendum Page 9c.3); and
- Care Coordination (Attachment 3.1A Addendum Page 9).

Services may be provided for persons who are living in the community and who need aid on an intermittent basis for emotional disturbances, mental illness, or addiction. Therapy services to the beneficiary's family and caretakers are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

The following providers are qualified to deliver Individual/Family Therapy; Group Therapy; Skills Training; Medication Training and Support; Peer Recovery Services; and Care Coordination.

- Licensed professional
- QBHP
- OBHP

**MRO SERVICES WILL CONTINUE ON PAGE 9d**

State of Indiana

Attachment 3.1A  
Addendum Page 9c.3

**MRO SERVICES WILL CONTINUE ON PAGE 9d**

**Peer Recovery Services**

Refers to individual face-to-face services that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Services which may be provided include:

- Assisting the consumer with developing self-care plans, and other formal mentoring activities aimed at increasing active participation in person-centered planning and delivery of individualized services.
- Assisting the consumer in the development of psychiatric advanced directives.
- Supporting day-to-day problem solving related to normalization and reintegration into the community.
- Education and promotion of recovery and anti-stigma activities associated with mental illness and addiction.

Peer Recovery Services must demonstrate progress toward and/or achievement of consumer treatment goals identified in the individualized integrated care plan (IICP). An IICP is developed with the consumer and must reflect the consumer's desires and choices. Services may be provided for persons who are living in the community and who need aid on an intermittent basis for mental illness or addiction. Services must be provided at home or at other locations outside the clinic setting.

The following providers are qualified to deliver this service:

- Individuals certified in Peer Recovery Services. Individuals providing Peer Recovery Services must be under the supervision of a Licensed professional or QBHP and must be self-identified consumers who are in recovery from mental illness and/or substance use disorders, are trained in a basic set of competencies necessary to perform the peer support function, have demonstrated the ability to support the recovery of others from mental illness and/or substance use disorders, and receive continuing and ongoing education as administered by agencies certified by the Department of Mental Health and Addiction (DMHA).

**MRO SERVICES WILL CONTINUE ON PAGE 9d**

TN No. 18-012  
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State: Indiana

Attachment 3.1-A  
Addendum Page 9d

(12) Psychosocial rehabilitation services. Refers to Medicaid Rehabilitation Option (MRO) services provided in a community based Clubhouse setting in which the member, with staff assistance, is engaged in operating all aspects of the clubhouse, including food service, clerical, reception, janitorial and other member services such as employment training, housing assistance, and educational support. These activities are designed to alleviate emotional or behavior problems with the goal of transitioning to a less intense level of care, reintegrating the member into the community, and increasing social connectedness beyond a clinical or employment setting. The Clubhouse setting is tailored to address the social isolation and social stigma experienced by many persons suffering from mental illness. Psychosocial rehabilitation services are covered when provided under the authority of an approved Division of Mental Health and Addiction (DMHA) Medicaid Rehabilitation Option (MRO) provider as authorized by a physician or health service provider in psychology (HSPP). Psychosocial rehabilitation services consist of the following Medicaid covered service component:

- Skills Training and Development: Refers to the development and/or restorations of skills (i.e., self-care, daily life management, or problem solving skills) directed toward restoring an individual to his best possible functional level, eliminating psychosocial barriers, and restoring a consumer's abilities that are essential to independent living.

The following providers are qualified to provide these services:

- Licensed professional
- Qualified behavioral health professional (QBHP)
- Other behavioral health professional (OBHP)
- Authorized health care professional (AHCP)

Limitations:

- Services may only be rendered in an internationally accredited Clubhouse setting certified by DMHA.
- Services are available for individuals with an Adult Needs and Strengths Assessment (ANSA) level of need (LON) of 3, 4, 5 or 5A.
- Service packages authorize the following units of service for 180 days for any member with a level of need LON of 3 or above. Any additional medically necessary units of service may be prior authorized.

Level of Need	Service Type	Units per 180 days (15 min.)
3, 4, 5, 5A	Clubhouse psychosocial rehabilitation services	1,820

TN No. 16-002  
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TN No. New

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Adult		
Level of Need	Service Type	Units per 180 days (15 min.)
5	Psychiatric Assessment and Intervention	25
5A	Psychiatric Assessment and Intervention	100

#### Service Packages and Prior Authorization

MRO service packages are assigned to persons with a behavioral health need as demonstrated by a qualifying diagnosis and level of need. Services packages are designed to authorize a set of services and units of service necessary for the majority of persons with similar functional needs to achieve recovery. Service packages are assigned for 180 days based on the level of need assessment. Within the last 30 days of an assigned service package, a provider may reassess the person and a new service package will be assigned to start the day after the existing service package ends.

- Prior authorization is available under the following circumstances: A member depletes units within his or her MRO service package and requires additional units of a medically necessary MRO service.
- A member requires a medically necessary MRO service not authorized in his or her MRO service package.
- A member does not have one or more qualifying MRO diagnoses and/ or LON for the assignment of an MRO service package, and has a significant behavioral health need that requires a medically necessary MRO service.
- A member is newly eligible to the Medicaid program, or had a lapse in his or her Medicaid eligibility, and was determined Medicaid eligible for a retroactive period. In this case, a retroactive request for prior authorization is appropriate for MRO services provided during the retroactive period.

Providers must demonstrate that the service requested is medically necessary.

#### Individualized Integrated Care Plan Requirements

The following providers are able to certify a diagnosis for the purpose of developing an individualized integrated care plan (IICP) and approve the IICP for MRO services:

- A physician
- A licensed psychologist endorsed as a health service provider in psychology (HSPP)
- An advanced practice registered nurse (APRN)
- A licensed clinical social worker (LCSW)
- A licensed marriage and family therapist (LMFT)
- A licensed mental health counselor (LMHC)
- A licensed clinical addiction counselor (LCAC)

The supervising practitioner is responsible for seeing the patient during the intake process or reviewing information submitted by the other licensed professionals, qualified behavioral health provider (QBHP), or other behavioral health provider (OBHP) and approving the individualized integrated care plan within seven (7) days. Services included in an individualized plan of treatment must commence within two (2) weeks upon completion of a patient's intake assessment. The supervising practitioner must provide face to face visits with the patient or review the individualized integrated care plan submitted by the QBHP at intervals not to exceed ninety (90) days. These reviews must be documented and signed by the supervising practitioner assuming responsibility for the care plan.

#### Provider Qualification Definitions

A licensed professional is defined as:

- (1) A licensed psychiatrist.
- (2) A licensed physician.
- (3) A licensed independent practice school psychologist.
- (4) A licensed psychologist or a psychologist endorsed as a health service provider in psychology (HSPP).
- (5) A licensed clinical social worker (LCSW).
- (6) A licensed mental health counselor (LMHC).
- (7) A licensed marriage and family therapist (LMFT).
- (8) A licensed clinical addiction counselor (LCAC), as defined under IC 25-23.6-10.5.

A “qualified behavioral health professional” (QBHP) means any of the following persons:

- (1) An individual who has had at least two (2) years of clinical experience treating persons with mental illness under the supervision of a licensed professional, as defined above, with such experience occurring after the completion of a master's degree or doctoral degree, or both, in any of the following disciplines:

- (a) In psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse in Indiana.
- (b) In pastoral counseling from an accredited university.
- (c) In rehabilitation counseling from an accredited university.

- (2) An individual who is under the supervision of a licensed professional, as defined above, is eligible for and working towards licensure, and has completed a master's or doctoral degree, or both, in any of the following disciplines:

- (a) In social work from a university accredited by the Council on Social Work Education.
- (b) In psychology from an accredited university.
- (c) In mental health counseling from an accredited university.
- (d) In marital and family therapy from an accredited university.

- (3) An authorized healthcare provider (AHCP), defined as follows:

- (a) a physician assistant with the authority to prescribe, dispense and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of their scope of practice as defined by the Indiana Professional Licensing Agency (IPLA) (IC 25-27.5-5)/.
- (b) a nurse practitioner or a clinical nurse specialist, with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician as stated in the section of state law (IC 25-23-1) related to advanced practice nurse collaboration with a licensed practitioner.

Other behavioral health professional (OBHP) means any of the following persons:

- (1) An individual with an associate or bachelor degree, or equivalent behavioral health experience, meeting minimum competency standards set forth by a behavioral health service provider and supervised by either a licensed professional, as defined above, or a QBHP, as defined above.



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Attachment 3.1A  
Addendum Page 10b

may include: twenty-four (24) hour a day crisis intervention; care coordination to fulfill individual patient needs, including assertive care coordination when indicated; outpatient services, including intensive outpatient services, substance abuse services, counseling, and treatment; acute stabilization services, including detoxification services; residential services; day treatment; family support services; medication evaluation and monitoring; and services to prevent unnecessary and inappropriate treatment and hospitalization.

- (c) Community Mental Health Centers wishing to provide MRO services must be certified to provide a continuum of care to Medicaid consumers. These providers may subcontract for services as appropriate.
- (d) This MRO State Plan service is to run concurrently with the 1915(b)(4) fee-for-service selective contracting waiver (IN.03).

14. Services for individuals  
age 65 or older in  
institutions for  
mental diseases

Provided with limitations.

14.a.

Inpatient hospital services Reimbursement is available for medically reasonable and necessary inpatient psychiatric hospital services. Medically reasonable and necessary service is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

Prior authorization is required for all inpatient psychiatric admissions including admissions for substance abuse

Reimbursement is available for emergency admissions only in cases of a sudden onset of a psychiatric condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in one (1) of the following:

- (1) Danger to the individual.
- (2) Danger to others.
- (3) Death of the individual.

Medicaid reimbursement will be denied for any days during which the inpatient psychiatric hospitalization or stay in a psychiatric residential treatment facility is found not to have been medically necessary.



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- 15.a. Intermediate Care Facility Services      Provided with limitations.  
Reimbursement is available for medically reasonable and necessary services provided by a certified intermediate care facility for the mentally retarded (ICF/MR), subject to prior authorization.
- 15.b. Including such services in a public institution for the mentally retarded      Provided with limitations.  
Reimbursement is available for medically reasonable and necessary services provided by a certified intermediate care facility for the mentally retarded (ICF/MR), subject to prior authorization.
16. Inpatient Psychiatric Facility Services for Individuals under Age 21      Provided with limitations.  
Reimbursement is available for medically reasonable and necessary services for inpatient psychiatric hospital and psychiatric residential treatment facility services for individuals under age 21 years of age subject to prior authorization.
17. Nurse-Midwife Services      Provided with limitations.  
Medicaid reimbursement is available for services rendered by a certified nurse-midwife. Coverage of certified nurse-midwife services is restricted to services the nurse-midwife is legally authorized to perform, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery.
18. Hospice Care      Provided with limitations.  
Medicaid reimbursement is available for hospice services subject to prior authorization.  
Hospice services consist of the following:  
(1) Palliative care for the physical, psychological, social, spiritual, and other special needs of a hospice program patient during the final stages of the patient's terminal illness.  
(2) Care for the psychological, social, spiritual, and other needs of the hospice program patient's family before and after the patient's death. In order for an individual to receive Medicaid-covered hospice services, a physician must certify in writing the individual is terminally ill and expected to die from that illness within six (6) months.
- For recipients twenty-one (21) years of age and older, In order to receive hospice services, a recipient must elect hospice services. Election of the hospice benefit requires the recipient to waive Medicaid coverage for other forms of health care for the treatment of the terminal illness for which hospice care was elected, or for treatment of a condition related to the terminal illness.
- For recipients less than twenty-one (21) years of age who elect hospice care, the recipient may receive concurrent curative treatment in conjunction with hospice services for the terminal illness. This allows the recipient or the recipient's representative to elect the hospice benefit, without forgoing any curative service the recipient is entitled to under Medicaid for treatment of the terminal condition.

TN No. 11-014  
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Approval Date NOV 10 2011

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State of Indiana

Attachment 3.1-A  
Addendum Page 12

19. Targeted Case Management for:  
Recipients with  
Elevated Blood Lead Levels

Reimbursement is available for targeted case management when provided in accordance with 42 CFR 440.169 and for individuals, who, through a blood lead screening conducted in accordance with the EPSDT periodicity schedule, are found with a confirmed elevated blood lead level, as defined by the Centers for Disease Control and Prevention. Reimbursement is limited to no more than 26, 15 minute units, per recipient, per twelve month period of time. Prior authorization is required for additional units of medically necessary targeted case management.

20. Extended Services for  
Pregnant Women

Reimbursement is available for extended services for pregnant women with limitations and include the following:

- Pregnancy-related and postpartum services for 60 days after the pregnancy ends
- Services for any other medical conditions that may complicate pregnancy

Services must be medically necessary and reasonable and defined as a covered service required for the care or well being of the patient and provided in accordance with generally accepted standards of medical or professional practice.

20.a. Pregnancy-related and postpartum  
services for 60 days after the  
pregnancy ends

Coverage is limited to legend and non-legend drugs, prescribed for indications directly related to the pregnancy and routine prenatal, delivery and postpartum care, including family planning services. Additionally, transportation services, to and from the aforementioned services, will be provided. Payment for pregnancy-related services is subject to prior authorization.

20.b. Services for any other  
medical conditions that  
may complicate pregnancy

Reimbursement is available for services provided to a pregnant woman for the treatment of a chronic condition or other abnormal condition related to the pregnancy or complicates the medical management of the mother during pregnancy, childbirth and Puerperium including those conditions associated with fetal abnormalities and conditions.

A condition that may complicate the pregnancy, is any condition manifesting itself by symptoms of sufficient severity that the absence of medical attention could reasonably be expected to result in a deterioration of the patient's condition or a need for a higher level of care. Reimbursement is available subject to prior authorization.

TN No. 12-007  
Supersedes  
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Approval Date: APR 25 2013

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State of Indiana

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23. Pediatric or Family Nurse Practitioners' services      Provided with limitations.  
Reimbursement is available for medically necessary and preventive health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.
24. Any other medical or remedial care recognized by state law      Provided as described in 24a – 24d.
- 24.a. Transportation services      Reimbursement is available for emergency and nonemergency transportation to or from a Medicaid covered service. Providers located within Indiana or in a designated out-of-state area may be reimbursed for up to twenty (20) one-way trips of less than fifty (50) miles each, per recipient, per twelve (12) month period, without prior authorization. Designated out-of-state areas are the following:  
(A) Louisville, Kentucky      (F) Sturgis, Michigan  
(B) Cincinnati, Ohio      (G) Watseka, Illinois  
(C) Harrison, Ohio      (H) Danville, Illinois  
(D) Hamilton, Ohio      (I) Owensboro, Kentucky  
(E) Oxford, Ohio
- Prior authorization is required for the following:  
(1) More than 20 one-way trips, per recipient, per rolling 12 month period.  
(2) Trips of 50 miles or more one way  
(3) Train or bus transportation services  
(4) Transportation services rendered by a provider located in a non-designated out-of-state area.  
(5) Airline, air ambulance, and interstate transportation  
(6) Family member transportation
- Except for trips over 50 miles, the following services are exempt from the numeric trip cap and prior authorization requirements:  
(1) Emergency ambulance services  
(2) Transportation to or from a hospital for an inpatient admission or discharge, including transfers between hospitals  
(3) Transportation for patients on renal dialysis or residing in a nursing home  
(4) Accompanying parent or recipient attendant or both  
(5) Return trip from emergency room in an ambulance, when medically necessary
- 24.b. Services provided in Religious Nonmedical Health Care Institutions      Provided within the limitations of 42 CFR 440.170(b).
- 24.c.      Reserved
- 24.d. Skilled Nursing Facility Services for Patients under 21 Years of Age      Reimbursement is available for skilled nursing services provided by a licensed and certified nursing facility when rendered to a Medicaid recipient whose level of care has been approved by the Medicaid agency.

TN No. 10-012  
Supersedes  
TN No. 01-015

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State: IndianaAttachment 3.1-A  
Addendum Page 14AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES TO THE CATEGORICALLY NEEDY

28. (i) Freestanding Birth Center services: Reimbursement is available for licensed or otherwise State-approved freestanding birthing centers

Provided: ☐ No limitations ☒ With limitations ☐ None licensed or approved

Provided with limitations:

- 1) Recipients must be considered low-risk, normal or having an uncomplicated pregnancy;
- 2) Delivery shall be performed by a:
  - a. Certified nurse midwife; or
  - b. Physician
- 3) Surgical services are limited to episiotomy and episiotomy repair; and shall not include operative obstetrics or cesarean sections;
- 4) Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor;
- 5) Systemic analgesia may be administered and local anesthesia for prudential block and episiotomy repair may be performed;
- 6) General and conductive anesthesia shall not be administered at birthing centers;
- 7) Recipients shall not routinely remain in the facility in excess of twenty-four (24) hours.

28 (ii) Licensed or Otherwise recognized State-Recognized covered professionals providing services in the Freestanding Birth Center

Please check all that apply:

☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☐ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).

TN No. 11-024

Supersedes

TN No. NewApproval Date **MAR 13 2012**Effective Date: February 1, 2012

Attachment 3.1.A.1  
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Indiana

MEDICAID PROGRAM: REQUIREMENTS RELATING TO  
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D covered drug for verified full-benefit dual eligible individuals who are enrolled in or entitled to receive Medicare benefits under Part A or Part B.

TN No. 05-013

Supersedes

TN No. none

Approval Date 8/23/06

Effective Date January 1, 2006

Attachment 3.1.A.1  
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Indiana

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED  
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

- (1) Nonlegend (over-the-counter) drugs included on the Medicaid nonlegend drug formulary set out at:

<http://www.indianapbm.com/Downloads/OTC%20Drug%20Formulary.xls>

and

- (2) Legend drugs that are:
- (a) approved by the U.S. Food and Drug Administration;
  - (b) not designated by the Centers for Medicare and Medicaid Services as less than effective; or identical, related, or similar to a less than effective drug;
  - (c) subject to the terms of a rebate agreement between the drug's manufacturer and the CMS;
  - (d) prior authorized by Indiana Medicaid if subject to applicable prior authorization requirements for brand name drugs; and
  - (e) not specifically excluded from coverage by Indiana Medicaid. The following are specifically excluded from coverage by Indiana Medicaid:
    - Anorectics or any agent used to promote weight loss;
    - Topical minoxidil preparations;
    - Fertility enhancement drugs;
    - Drugs used to treat sexual or erectile dysfunction, as set forth in section 1927(d)(2)(K) of the Social Security Act, unless such drugs are used to treat conditions other than sexual or erectile dysfunction and such uses have been approved by the U.S. Food and Drug Administration;
    - Drugs when prescribed solely or primarily for cosmetic purposes.

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TN No. 12-012